

## ILLINOIS DEPARTMENT OF CORRECTIONS

Administrative Review Board  
Return of Grievance or Correspondence

Offender:

Stubbs  
Last NameKent  
First Name

MI

ID#

MS1378

Facility:

Lawrence

☒ Grievance: Facility Grievance # (if applicable)

Dated:

5/15/17

or ☐ Correspondence: Dated:

Received:

5/22/17  
Date

Regarding:

C/O Johnson

The attached grievance or correspondence is being returned for the following reasons:

## Additional information required:

- ☒ Provide your original written Offender's Grievance, DOC 0046, including the counselor's response, if applicable.
- ☒ Provide a copy of the Response to Offender's Grievance, DOC 0047, including the Grievance Officer's and Chief Administrative Officer's response, to appeal; if timely.
- ☐ Provide dates when incidents occurred.
- ☐ Unable to determine nature of grievance or correspondence; submit additional specific information. Please return the attached grievance or correspondence with the additional information requested to: Administrative Review Board

Office of Inmate Issues

1301 Concordia Court, Springfield, IL 62794-9277

## Misdirected:

- ☐ Contact your correctional counselor or Field Services regarding this issue.
- ☐ Request restoration of Statutory Sentence Credits to Adjustment Committee. If the request is denied by the facility, utilize the offender grievance process outlined in Department Rule 504 for further consideration.
- ☐ Contact the Record Office with your request or to provide additional information.
- ☐ Personal property and medical issues are to be reviewed at your current facility prior to review by the Administrative Review Board.
- ☐ Address concerns in a letter to: Illinois Prisoner Review Board, 319 E. Madison St., Suite A, Springfield, IL 62706

## No further redress:

- ☐ Award of Supplemental Sentence Credits are discretionary administrative decisions; therefore, this issue will not be addressed further.
- ☐ Administrative Transfer denials are discretionary administrative decisions; therefore, this issue will not be addressed further.
- ☐ Not submitted in the timeframe outlined in Department Rule 504; therefore, this issue will not be addressed further.
- ☐ Administrative Review Board received the appeal 30 days past date of Chief Administrative Officer's decision; therefore, this issue will not be addressed further.
- ☐ This office previously addressed this issue on \_\_\_\_\_ Date
- ☐ No justification provided for additional consideration.

Other (specify):

Completed by: Sarah Johnson

Print Name



Signature

Date



ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE

Date: <u>5-15-17</u>	Offender: <u>Kent Stubbs</u> (Please Print)	ID#: <u>MS1378</u>
Present Facility: <u>Lawrence C.C.</u>		Facility where grievance issue occurred: <u>Lawrence C.C.</u>

**NATURE OF GRIEVANCE:**

<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time	<input checked="" type="checkbox"/> ADA Disability Accommodation
<input checked="" type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input type="checkbox"/> Medical Treatment	<input type="checkbox"/> HIPAA
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator	<input type="checkbox"/> Other (specify): _____	

☐ Disciplinary Report: \_\_\_\_\_  
Date of Report: \_\_\_\_\_ Facility where issued: \_\_\_\_\_

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:  
 Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.  
 Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.  
 Chief Administrative Officer, only if EMERGENCY grievance.  
 Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved): For the past couple days (officer Johnson) in B-House, C-wing, has been taking retaliatory action against me for two grievances that I filed against him within the past week, and now his recent actions are causing me to feel that my health and safety well-being are in danger. - I filed a grievance against officer Johnson for an incident that occurred on (May 6), in which officer Johnson treated my plea for emergency help as a non-emergency, and attempted to medically diagnose my condition, even though he is not a doctor or a nurse, I also complained about his constant childish and unprofessional behaviour. The second, was for a

Relief Requested: I'm in fear of my health and safety around officer Johnson, and I would like to be moved. I don't care where.

☒ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Kent Stubbs MS1378 5.15.17  
Offender's Signature ID# Date

(Continue on reverse side if necessary)

<b>Counselor's Response (if applicable)</b>	
Date Received: _____	<input type="checkbox"/> Send directly to Grievance Officer <input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277
Response: _____	
_____	
_____	
Print Counselor's Name	Counselor's Signature

<b>EMERGENCY REVIEW</b>		<b>MAY 22 2017</b>
Date Received: _____	Is this determined to be of an emergency nature?	<input type="checkbox"/> Yes; expedite emergency grievance. <input type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.
_____		_____
Chief Administrative Officer's Signature	Date	



ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE (Continued)

incident that occurred the next following day (May 7), which help to reinforce my Argument and claim that officer Johnson is very unprofessional, childish, and a Bully, in which officer Johnson, unprovoked, chose to yell and scream into the loud speaker for 10-minutes, in a childish rant and a very unprofessional way, causing the speaker to ring so loud that we had to cover our ears for 10-minutes, until he finally decided to stop. - After I filed the two emergency grievances on (May 8), five days later, on Saturday, May 13, 2017, officer Johnson came into my cell at 7-Am, woke me out of my sleep and told me to 'get up and get out', and he shook down my cell. The look on his face was aggressive and he seemed angry, I felt uncomfortable and thought it was odd that he came at 7-Am and woke me up to shake down my cell. - Later that afternoon around 1:45 pm, I was out on the yard and needed to use the bathroom. I'm in a wheel chair and cannot access the 'port a potty' that's out on the yard, so I waited until officer Johnson came out and opened the gate to let a few inmates go inside to their cells to change clothes for a visit, and I notified officer Johnson that I needed to use the bathroom, and officer Johnson ~~refused~~ refused, even though he knows I'm in a wheel chair and can't get up to use the port a potty, he also knows that I was on the same wing with the guys he just let in, because he's our wing-officer, so there was no reason for him to not allow me to go inside as well. When I told officer Johnson I couldn't stand up and use the port a potty, he said, 'Tuff shit, piss on the ground for all I give a fuck.' - officer Johnson also accused me of lying and faking like I can't get up and walk, and taunted and teased me about the Wednesday, April 12, 2017, incident, where I pulled my back and was unable to get up or move for 14 hours. - officer Johnson said I should 'go back in my cell and lay out on the floor 12 hours and 'whine' for help, like I did before.' - The next following day 5/14/17, officer Johnson let everybody out their cell except me. Inmates kept telling him he forgot to open my cell door, but he just ignored them. - I don't know what officer Johnson's reason was for saying I was faking like I can't get up or walk, but I don't care. I have a serious health issue, and I don't know anyone who would want to sit in a wheel chair all day every-day if they didn't have to. My reasons for writing him up were more than valid, and I don't feel safe being around him. I may need emergency medical care and I don't trust him to do his job professionally the way he should. I'm in fear, and I want to be moved away from around him. —

## ILLINOIS DEPARTMENT OF CORRECTIONS

## Offender Request

Offender Name: Kent Strubbs ID #: MS1378 Living Unit: 9C-41  
 Job Assignment: N/A Shift: N/A

Please refer to the directory located in your orientation manual and address proper personnel.

To: MRS. Weaver (Placement) (ADA)

I request ☐ interview ☐ cell assignment ☐ visit ☐ Trust Fund ☐ purchase ☐ other (specify) Cell change

for the purpose of (explain): I was in 3-house and I injured my back in a  
fall off the top bunk. I was put in a wheel chair because  
I messed up my back (I'm still in the wheel chair) and I know -

Kent Strubbs  
 Offender's Signature

5-24-17

Date

(See Back)

## DO NOT WRITE BELOW THIS LINE

Remarks by staff (if necessary): \_\_\_\_\_

Remarks by supervisor (if necessary): \_\_\_\_\_

Print Staff Name

Print Supervisor Name

Staff Signature

Date

Supervisor Signature

Date

Distribution: Affected Unit



There Are only So many ADA Cells Available But I Am In 8-House, and There Are A lot of young guys over here, and The (~~officers~~) working over here seem to treat everybody like their young. I Am having a hard Stressful time over here and would like to be moved to Any other House If An ADA cell comes open, Please Mrs. weaver, I would greatly Appreciate it. I was in 5-House, 3-House, 4-House, and none of The officers Acted or Treated inmates The way These officers over here Do. \_\_\_\_\_ I'm really only having Problems with one officer, (our 5 day officer) I've filed 3 grievances & stated That I don't feel comfortable or safe on the same Deck with him. I've needed Emergency help and he ignored my request. So I would really like to be moved from around him. Thank you

EX: 8A

offender name: Kent Stubbs I.D#: M51378 unit: 8C-L1

To: (HCU) medical "Doctor"

Reason: Refill "Pain-meds"

Explain: my pain meds expired on 5/26/17, I've not had any  
medication to treat my pain within the past 24 hours, and my  
Back has been hurting pretty bad. I've also been feeling pain  
in my 'Right-Leg' down the back part of my Thigh & calf-

STAFF Response:

5-20-17



area. And I've been getting an off and on pain in the "mid"

~~nowhere~~ "upper" center of my back, which ~~has~~ makes it hurt when I breathe in. The pain in my leg has woke me up out of my sleep a couple times in the past few days. This is the first time I've experienced <sup>in my leg & the upper center of my back.</sup>

These pains, — Please renew my pain meds, or schedule me to see the doctor as soon as possible. — Thank you —

offender Signature:

Just Stolt

Date: 5-28-17

Request slip

EX-8B

offender name: Kent Stubbs ID#: m51378 unit: 7C-L1

To: (HCU) medical "Supervisor"

Reason: Pain meds

Explain: Emergency!! - I have not had my pain meds renewed. I've been in serious pain for the past 3 days, and I've been told by the nurses the doctor hasn't been here and I'm just suffering in pain. The nurses said they can't do anything because my pain-meds have expired -  
~~staff response~~ (See Back) -

Signed: Kent Stubbs

Date: 5/30/17



Just  
(~~But~~) Because my Pain-meds have expired, Does not mean  
That my Pain has stopped. And now I'm experiencing  
excruciating Pain in my lower back and a stabbing  
feeling in my Right mid-lower Back. I need to  
See The Doctor or have my Pain meds renewed  
as soon as possible. This Pain is worse then  
any I've experienced before. And its very diffi-  
cult to even get up and go To The chow hall or  
use The Bathroom.

—Thank you—

Name: Lea Stach

Date: 5-30-17

## Offender Request

Offender Name: Kent Stubbs ID #: MS1378 Living Unit: 7C-L1  
 Job Assignment: N/A Shift: N/A

Please refer to the directory located in your orientation manual and address proper personnel.

To: To (HCU) Cunningham "Emergency!!"  
 I request ☐ interview ☐ cell assignment ☐ visit ☐ Trust Fund ☐ purchase ☐ other (specify) Back Pain -  
 for the purpose of (explain): I Am having Sharp Throbbing pain in my left  
and Right Side of my mid-lower Back. The pain has  
caused me to lay awake At night, and in the day  
Kent Stubbs 6-3-17 (See Back)  
 Offender's Signature Date

DO NOT WRITE BELOW THIS LINE

Remarks by staff (if necessary): \_\_\_\_\_

Remarks by supervisor (if necessary): \_\_\_\_\_

Print Staff Name

Print Supervisor Name

Staff Signature

Date

Supervisor Signature

Date

Distribution: Affected Unit



time my back is just constantly in pain. The  
doctor has stopped ~~at~~ my pain medication. So I have  
~~nothing to help me cope~~ nothing to help me cope  
with the pain. THIS IS A VERY CRUEL and  
INHUMANE ACT by medical staff!!

## Offender Request

Offender Name: Lent Stults ID #: M51378 Living Unit: 7C-L1  
 Job Assignment: N/A Shift: N/A

Please refer to the directory located in your orientation manual and address proper personnel.

To: (HCU) Cunningham Emergency AS

I request ☐ interview ☐ cell assignment ☐ visit ☐ Trust Fund ☐ purchase ☐ other (specify) Back pain  
 for the purpose of (explain): When I'm moving around, getting out of Bed  
into my wheel chair, or getting into the Shower or Bed,  
there are sharp Pains going through my Back and AS

Lent Stults  
 Offender's Signature

6/5/17  
 Date

DO NOT WRITE BELOW THIS LINE

Remarks by staff (if necessary) : \_\_\_\_\_

Remarks by supervisor (if necessary) : \_\_\_\_\_

\_\_\_\_\_  
 Print Staff Name

\_\_\_\_\_  
 Print Supervisor Name

\_\_\_\_\_  
 Staff Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Supervisor Signature

\_\_\_\_\_  
 Date

Distribution: Affected Unit



So painful that I have to sit and wait for the pain  
to go away before I can do anything else. The pain  
is severe. Scale from 1 to 10 it's (15). I need some-  
thing for my pain, I don't care what it is, But I need  
Help!!

# Offender Request

Offender Name: Kent Stubbbs ID #: M51378 Living Unit: 7C-L1  
 Job Assignment: N/A Shift: N/A

Please refer to the directory located in your orientation manual and address proper personnel.

To: (HCU) "Cunningham"

I request ☐ interview ☐ cell assignment ☐ visit ☐ Trust Fund ☐ purchase ☐ other (specify) Back injury  
 for the purpose of (explain): I hurt my back trying to lift my legal box in my cell. I do not receive any type of pain meds at all, even though I have back problems and I'm in constant

Kent Stubbbs 6/14/17  
 Offender's Signature Date

(see back)

DO NOT WRITE BELOW THIS LINE

Remarks by staff (if necessary): \_\_\_\_\_

Remarks by supervisor (if necessary): \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Print Staff Name

\_\_\_\_\_  
 Print Supervisor Name

\_\_\_\_\_  
 Staff Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Supervisor Signature

\_\_\_\_\_  
 Date

Distribution: Affected Unit

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DOC 0286 (Rev. 4/2010)



Pain. And after injuring or pulling my back, I was in even greater Pain and I pushed the Emergency call button and The officer on duty came to The cell and I explained what had happened and That I was in great pain and needed to go to medical. He asked me if I was already taking medication for pain? And I said "No". - He called over to medical, and he told me he was told by The Nurse that if I came over to medical, They would not provide me with anything but a permit for "Ice" and charge me (\$5<sup>00</sup>). So I was NOT taken to medical at all. I Just sat in my cell in pain and was not provided any medical attention at all. It seems medical staff has decided not to provide me any type of meaningful care for my Pain, And I find this to be very cruel treatment."

## Offender Request

Offender Name: Kent Stubbs ID #: MS1378 Living Unit: 7C-L1  
 Job Assignment: N/A Shift: N/A

Please refer to the directory located in your orientation manual and address proper personnel.

To: (HCU) medical Doctor

I request ☐ interview ☐ cell assignment ☐ visit ☐ Trust Fund ☐ purchase ☐ other (specify) Back Pain  
 for the purpose of (explain): I Am still experiencing lots of pain -  
when I exercise or try to stand/straiten my back the pain  
is a "Ten" (10). when I lay flat and do leg lifts or try and  
Kent Stubbs 7/14/17  
 Offender's Signature Date

DO NOT WRITE BELOW THIS LINE

Remarks by staff (if necessary): \_\_\_\_\_

Remarks by supervisor (if necessary): \_\_\_\_\_

Print Staff Name

Print Supervisor Name

Staff Signature

Date

Supervisor Signature

Date

Distribution: Affected Unit

Case 3:18-cv-00408-RJD Document 1-2 Filed 02/15/18 Page 17 of 68 Page ID #78

Bend my knees and bring it to my chest. The pain I feel on the left side is about a seven, but the pain on the right side is a ten. And when I'm trying to stand and put pressure on my right leg, the pain in my back is still very painful. It feels like a nail is stabbing me in the back. I'm also still feeling pain in my lower back and the upper center part of my back. And as you know I'm still (not) receiving any type of medication for my pain. —



86

*my  
copy*

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Request

Offender Name: Kent Stubbs ID #: MS1378 Living Unit: 7C-41  
Job Assignment: N/A Shift: N/A

Please refer to the directory located in your orientation manual and address proper personnel.

To: (HCU) Medical

I request ☐ interview ☐ cell assignment ☐ visit ☐ Trust Fund ☐ purchase ☐ other (specify) Part from Pushing wheel chair

for the purpose of (explain): The last couple days I have had to push myself to medical, and I've had to push myself to lunch. (I Do NOT have AN ADA pusher) And pushing myself

Kent Stubbs 7/21/17  
Offender's Signature Date

DO NOT WRITE BELOW THIS LINE

Remarks by staff (if necessary) : \_\_\_\_\_ Remarks by supervisor (if necessary) : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Print Staff Name

\_\_\_\_\_  
Print Supervisor Name

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

Distribution: Affected Unit

DOC 0286 (Rev. 4/2010)

From Division (7) to The center that I need to medical  
is causing my back to hurt more than the normal  
pain that I'm already experiencing in my back,  
and also in my left pinky finger. My left pinky  
finger has been swollen for over 3 months now  
since I first injured it in my fall off the top  
bunk, but doctors informed me that the  
swelling should go down, but so far it "has not."  
My left pinky is still considerably swollen and  
sore and hurts when I bend it and use it  
when I roll the wheel chair my pinky  
finger starts to ache. It pretty much  
hurts whenever I use my left hand because  
I often have to bend my fingers. —

EX: 8 H

my  
copy

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Request

Offender Name: Kent Stubbs ID #: M51378 Living Unit: 7C-41  
Job Assignment: N/A Shift: N/A

Please refer to the directory located in your orientation manual and address proper personnel.

To: HCU - medical - Mrs. "Cunningham"

I request ☐ interview ☐ cell assignment ☐ visit ☐ Trust Fund ☐ purchase ☐ other (specify) Back Pain

for the purpose of (explain): Last night I could barely sleep. I woke up this morning with my back in extreme pain, caused by my repeated attempts to stand and my therapy -

Kent Stubbs 7-26-17 (See Back)  
Offender's Signature Date

DO NOT WRITE BELOW THIS LINE

Remarks by staff (if necessary): \_\_\_\_\_ Remarks by supervisor (if necessary): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Print Staff Name

Print Supervisor Name

Staff Signature

Date

Supervisor Signature

Date

Distribution: Affected Unit

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DOC 0286 (Rev. 4/2010)



EXERCISES (Leg lifts, trying to pull my knees to my ~~chest~~  
CHEST.) my Lower back always hurts when I try  
to stand, and the pain has not gotten any Better.  
Today, I could not Roll myself to Health care  
or to chow hall, because The pain in my back was  
too great.

## Offender Request

Please refer to the directory located in your orientation manual and address proper personnel.

Grant Stille 7/26/17  
Offender's Signature Date

**DO NOT WRITE BELOW THIS LINE**

DOC 0286 (Rev. 4/2010)

CISES (Leg Lifts, trying to pull my knees to my chest.)  
my lower back always hurts when I try to stand,  
and the pain has not gotten any better. - Today,  
I could not roll myself to Health care or to Chow  
hall, because the pain in my back was too  
great. —



ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Request

Offender Name: Kent Stubbs ID #: MS1378 Living Unit: 7C-41  
 Job Assignment: N/A Shift: N/A

Please refer to the directory located in your orientation manual and address proper personnel.

To: P.A. James (HCU)

I request ☐ interview ☐ cell assignment ☐ visit ☐ Trust Fund ☐ purchase ☐ other (specify) \_\_\_\_\_

for the purpose of (explain): I'm Becoming Extremely Depressed and I don't know what to do. - I've been taking physical therapy to try and help with my back pain, so I

Kent Stubbs 7/27/17  
 Offender's Signature Date

DO NOT WRITE BELOW THIS LINE

Remarks by staff (if necessary) : \_\_\_\_\_ Remarks by supervisor (if necessary) : \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Print Staff Name

Print Supervisor Name

Staff Signature

Date

Supervisor Signature

Date

Distribution: Affected Unit

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Case 3:18-cv-00408-RJD Document 1-2 Filed 02/15/18 Page 26 of 68 Page ID #86  
Can get up out of this wheel chair and walk. My  
back pain has not gotten better. I am still in pain  
Every day, and I can't stand without experiencing sharp  
throbbing pain. It feels like the therapy and my  
efforts are not working. I'm starting to feel hopeless  
and I don't know what else to do. I don't even  
like to come out my cell anymore. It's becoming  
very difficult for me. I don't wanna be in  
this wheel chair!!

EX: 8K

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Request

Offender Name: KENT StUBBS ID #: M51378 Living Unit: 7C-L1  
 Job Assignment: N/A Shift: N/A

Please refer to the directory located in your orientation manual and address proper personnel.

To: 7 House mental Health Counselor

I request ☐ interview ☐ cell assignment ☐ visit ☐ Trust Fund ☐ purchase ☐ other (specify) \_\_\_\_\_

for the purpose of (explain): I'm starting to get very Depressed again.  
The physical Therapy I've been taking for my back  
pain is not Doing enough. I still can't get up out

Kent Stubbs 7/28/17  
 Offender's Signature Date

DO NOT WRITE BELOW THIS LINE

Remarks by staff (if necessary) : \_\_\_\_\_ Remarks by supervisor (if necessary) : \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Print Staff Name

\_\_\_\_\_  
 Print Supervisor Name

\_\_\_\_\_  
 Staff Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Supervisor Signature

\_\_\_\_\_  
 Date

Distribution: Affected Unit

DOC 0286 (Rev. 4/2010)

this wheel chair and work and its getting very  
~~frustrating~~ frustrating. The Pain in my back is not  
getting better. The Therapy only helps relieve the  
Pain for a little while, but its not making things  
better. The Pain is still there, its becoming very  
difficult for me being in this wheel chair. I'm  
getting more and more Depressed and I dont  
know what to do.

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# Offender Request

Offender Name: Kent Stubbs ID #: MS1378 Living Unit: 8C-41  
 Job Assignment: N/A Shift: N/A

Please refer to the directory located in your orientation manual and address proper personnel.

To: (HCU) medical Director / Supervisor

I request ☐ interview ☐ cell assignment ☐ visit ☐ Trust Fund ☐ purchase ☐ other (specify) (Need) ADA Assistant

for the purpose of (explain): I Saw The doctor Today. (But) I forgot to Ask about getting an ADA Attendant. - when I was on my way over to medical, I had to push myself, and that was a lot of -

Kent Stubbs  
 Offender's Signature

5-24-17  
 Date

(see Back)

DO NOT WRITE BELOW THIS LINE

Remarks by staff (if necessary) : \_\_\_\_\_

Remarks by supervisor (if necessary) : \_\_\_\_\_

Print Staff Name

Print Supervisor Name

Staff Signature

Date

Supervisor Signature

Date

Distribution: Affected Unit

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pressure ~~every day~~ and pain on my back. — When I go to  
chow for lunch and dinner, I Always have one of The inmates  
on my wing to push me. But when I go on a call pass, I have  
to push myself. And that has not Been easy for me to do,  
especially coming from 8-House, because its All The way in  
the Back, so I'm tired and hurting Before I even get out of  
the gate. Thank you for your help —

Just Stiller

EX: 9B

my copy

# Offender Request

Offender Name: Kent Strubbs ID #: 1M51378 Living Unit: 8C-L1  
 Job Assignment: N/A Shift: N/A

Please refer to the directory located in your orientation manual and address proper personnel.

To: A/w "Brookhart"

I request ☐ interview ☐ cell assignment ☐ visit ☐ Trust Fund ☐ purchase ☐ other (specify) Need ADA Pusher  
 for the purpose of (explain): I do not have a pusher and today I had to push myself over to medical. my back was in Tramendous pain before I even made it half way there. For the

Kent Strubbs 5/24/17  
 Offender's Signature Date

DO NOT WRITE BELOW THIS LINE

Remarks by staff (if necessary) : \_\_\_\_\_ Remarks by supervisor (if necessary) : \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Print Staff Name

Print Supervisor Name

Staff Signature

Date

Supervisor Signature

Date

Distribution: Affected Unit

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DOC 0286 (Rev. 4/2010)

Past months. I've been asking different people on  
my wing to push me to chow, but I don't have  
anyone pushing me on my call passes. I would  
please like to be assigned a pusher. I sent a  
request slip to medical, but I never got a  
response.

Offender  
Job As

## Offender Request

Offender Name: Kerit Stubbs ID #: M51378 Living Unit: 8C-L1  
Job Assignment: N/A Shift: N/A

**Please refer to the directory located in your orientation manual and address proper personnel.**

To: Warden "Lamb"

I request ☐ interview ☐ cell assignment ☐ visit ☐ Trust Fund ☐ purchase ☐ other (specify) Need ADA pusher  
for the purpose of (explain): I do not have a pusher and Today I had To  
push myself over to medical. my back was in Tramendous  
pain before I even made it half way There. for The  
Hart Sturds 5/24/17  
Offender's Signature Date

**DO NOT WRITE BELOW THIS LINE**

Remarks by staff (if necessary) : \_\_\_\_\_ Remarks by supervisor (if necessary) : \_\_\_\_\_

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Print Staff Name		Print Supervisor Name	
Staff Signature	Date	Supervisor Signature	Date

Distribution:	Affected Unit
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DOC 0286 (Rev. 4/2010)



Past week, I've been asking different inmates on my wing to push me to show, but I don't have anyone to push me on my call passes. I would please like to be assigned a pusher. I sent a request slip to medical, but I never got a response.

EX: 90

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Request

Offender Name: Kent Stubbs ID #: 1451378 Living Unit: 7C-L1  
 Job Assignment: N/A Shift: N/A

Please refer to the directory located in your orientation manual and address proper personnel.

To: (HCU) medical "Mrs. Cunningham"

I request ☐ interview ☐ cell assignment ☐ visit ☐ Trust Fund ☐ purchase ☐ other (specify) Need ADA pusher  
 for the purpose of (explain): THIS IS my 3rd Request asking for an ADA -  
pusher to be assigned to me. I have to constantly  
ask different guys to push me to chow, and when → (see back)

Kent Stubbs 6/8/17  
 Offender's Signature Date

DO NOT WRITE BELOW THIS LINE

Remarks by staff (if necessary): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Remarks by supervisor (if necessary): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Print Staff Name \_\_\_\_\_ Print Supervisor Name \_\_\_\_\_  
 Staff Signature \_\_\_\_\_ Date \_\_\_\_\_ Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Case 3:18-cv-00408-RJD Document 1-2 Filed 02/15/18 Page 35 of 63 PageID #96  
I don't have an one To push me I have to push  
myself. I am currently dealing with severe lower  
back pain and a sharp ~~pea~~ stabbing pain in my  
right side. when I push myself, the pain is  
greatly increased and at night my back is  
throbbing. I really need a pusher to help  
take the pressure off my back, Thank you

my copy

## Offender Request

Offender Name: ~~Walter~~ Kent Stubbs ID #: MS1378 Living Unit: 7C-L1  
Job Assignment: N/A Shift: N/A

**Please refer to the directory located in your orientation manual and address proper personnel.**

To: Mrs. Weaver (Placement) need an  
I request ☐ interview ☐ cell assignment ☐ visit ☐ Trust Fund ☐ purchase ☐ other (specify) ADA - Attendant  
for the purpose of (explain): I am currently in a wheel chair and have been  
for nearly five months now. I am dealing with severe back pain  
after fall off the top bunk on to my back. I have made several  
Heart Stabbs 8/24/17  
Offender's Signature Date

**DO NOT WRITE BELOW THIS LINE**

Remarks by staff (if necessary) : \_\_\_\_\_ Remarks by supervisor (if necessary) : \_\_\_\_\_

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Print Staff Name		Print Supervisor Name	
Staff Signature	Date	Supervisor Signature	Date

**Distribution:** Affected Unit

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Case 3:18-cv-00408-RJD Document 1-2 Filed 02/15/18 Page 37 of 68 Page ID #98  
verbal and written complaints to the warden, Mrs Cunningham,  
and the Doctor, expressing my need for an ADA Assistant. I am  
not able to clean the floor of my cell thoroughly on my own,  
and when I have to roll myself to chow hall or medical,  
my back pain is increased and it becomes painful to roll myself.  
I often deal with Throbbing stabbing back pain which is con-  
sistent, even when I'm just sitting still, so being forced  
to push myself only makes my situation even more  
miserable and unbarable. Please, if there is anything  
you can do to help. Sometimes if I don't have anyone  
to push me to chow, I have to Avoid going because I  
know I'm gonna be in pain from pushing myself. —

— Thank you for your help —



1 of 4  
From: Inmate Kent Stubbs (ms1378)  
RE: medical issue: (6/1/17)

Exhibit: 10

To: (HCU) Supervisor, "Cunningham".

I was prescribed pain meds A few weeks after I had fallen off the top Bunk Bed, by Dr. Shah. I was first given IBuprofen and another medication that was not helping at all with the pain. I was in pain for weeks before I was given a medicine that seem to be helping. It has not been the best at getting rid of the pain, but it has helped with the pain. - Less than a week ago I went to see the new Doctor. He asked me how I was feeling, I told him I was still experiencing a lot of pain in my back. I told him it seemed like the pain had gotten worse. (I had also wrote request slips stating the same thing) I also asked if I could start getting some type of therapy, because I don't wanna stay in this wheel chair. I also told him my wheel chair was about to expire. - The doctor renewed my wheel chair perm.7, and said he would schedule me for therapy. He also said to be patient with my pain, it may take a while before it goes away, and before I can stand. - He did not say anything about my pain meds expiring, he did not say he was not

2 of 4  
gonna renew my pain meds. This was the first time I ever met with this doctor. I have never discussed my condition with him except this one time for 'five' minutes. 'Shah' (Dr. Shah) was ~~my~~ the primary Doctor I talked to about my conditions and my progress or lack of progress and level of pain that I've been experiencing.

When my meds expired it was a Holiday weekend my meds expired on May 26, 2017 (Friday). I spoke to a nurse who said the doctor is the only one who can renew my meds, and because it was a holiday weekend it may be a few days. I wrote a couple request slips to the 'Head Doctor' and 'Hcu-medical Supervisor', explaining that I am still in pain and in need of pain medication. On May 30, 2017, four days later, I submitted an Emergency Request because the pain had gotten worse. On May 31, 2017, around midnight, I was taken to medical because I had a shooting stabbing pain in the upper center part of my back. I was seen by the nurse and given (200m. Ibuprofen), which did nothing to help, and I was sent back to my cell, to lay there in pain.

Today, on June 1, 2017, I was seen in-house by a nurse who responded to my Emergency ~~Request~~



3 of 4  
medical request. the Nurse came to see me to tell me there is 'Nothing She can do about my pain.'

I Do NOT know why A nurse would be sent to see me After I put in an "EMERGENCY!" medical slip for my pain, Just to tell me there is nothing she can do!! -

THE Doctor WAS HERE TODAY!! - why was I not put on The Schedule to see The doctor instead of being seen by someone who can't do anything to help me with my Emergency need? - I tried to find out why my pain meds were not renewed, The nurse could only say The doctor wants me to use muscle rub, and try Therapy. I've been using muscle rub for The past couple months and That has not helped. And I was the one who requested Therapy, but that's not a reason to not renew my pain meds, ~~The~~ nurse could (only) suggest that I try The therapy to see if That helps.

(But) She said Therapy won't be starting for at least Two weeks. So I asked her 'what do I do for The next Two weeks about my pain? Do I just walk around and suffer in pain? I'm not a doctor, but I know That seems like A very cruel thing to do to someone who's experiencing serious pain. From one to ten (ten being the worse), my pain is A (TEN!) Just Because my pain meds expired does not

mean that my pain Just went away. I'm still in need of pain medication. My condition has not gotten better or Improved that much. I have heard several inmates complain that this new doctor is Just kicking people off their meds without even looking into their medical Situation. I would not have believed it until I Just experienced The Situation myself. Unfortunately I don't have The option of leaving and going to See a different doctor. But this type of Action by a doctor to Just ~~leave~~ take a patient off his med and to leave him to suffer in pain seems very inhumane! - I would really like to be sent to See an outside Specialist for my back pain. I do Believe I have pinched nerve damage, and its obvious The medical staff here does not know what their doing, or how to Treat my condition properly.

Thank you for your Help.

Signed: Hert Stull Dated. 6/1/17

~~Signature of Hert Stull~~



Date: 6/12/17

my copy  
To: Warden "Lamb"

Exhibit: 11

Housing: 7C-L1

From: Kent Stubbs #MS1378

NEED: I Submitted an Emergency-Grievance on 6/4/17, that outlined some very serious problems that pose a risk to my immediate health and well being, and you have deemed them to be non-emergencies. So by your standard I would like to know in writing what constitutes an Emergency?

I would also like to know how my grievance submitted 6/4/17, was not an emergency, when I fell off the top of one of the prison bunk beds, severely injuring my back, now I'm in a wheelchair, in extreme pain, and a doctor who I have only spoken with once for 5-minutes, who has 'NEVER' examined me, decides I don't need any pain medication at all, and then tells me to get up and learn to live with the pain. - I don't know where this doctor came from, he just popped up one day and now he's ordering me to get up and live with my pain. He has no idea how hard I've been working and how I've been struggling to get out this chair. —



HRS Actions have done nothing but caused a Set-back in The progress I was making. None of The Staff here has Assisted me or worked with me to try and get up. I've Been Doing That on my own. — I have not even Been provided an (ADA) Attendant to push me, and with my back injury, you would think That would have been The first thing the Doctor did, it feels like I'm Being singled out for unfair treatment. THIS IS SERIOUS!! I HAVE Back pain! I Should have A Pusher! Everytime I have to push myself a long distance, I RISK Further injuring my Back. And The Doctor canceling my pain meds have done nothing But Cause me to Suffer for no good reason, and I Don't have The freedom of going and getting a Second doctor's oppenion or going to Another Hospital for better treatment — THIS IS Cruel! — And IT IS AN Emergency!!

Signed: Kent Stubbs #m51378

Dated: 6/12/17

R7-CL-01

ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE

Date: <u>6/7/17</u>	Offender: <u>Kent Stubbs</u> <small>(Please Print)</small>	ID#: <u>M51378</u>
Present Facility: <u>Lawrence C.C.</u>		Facility where grievance issue occurred: <u>Lawrence C.C.</u>

**NATURE OF GRIEVANCE:**

<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time	<input type="checkbox"/> ADA Disability Accommodation
<input type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input checked="" type="checkbox"/> Medical Treatment	<input type="checkbox"/> HIPAA
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator	<input type="checkbox"/> Other (specify):	

☐ Disciplinary Report: \_\_\_\_\_  
Date of Report: 08-17-16 Facility where issued: \_\_\_\_\_

**Note:** Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

**Complete:** Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:  
 Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.  
 Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.  
 Chief Administrative Officer, only if EMERGENCY grievance.  
 Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

**Summary of Grievance** (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved): I have been Denied medication for my pain by the Doctor (Ahmed). - I have been hearing inmates around the prison talking about this new Doctor 'Ahmed', who's canceling Everybodies medication, and telling them they don't need it. I would have not believed the story until it just happened to me. - I have been in pain for nearly 2-months after falling off a bunk bed in 3-House. I am believing I have nerve damage in my back, which may require outside medical treatment because I have never in my life been in this kind of pain. (See back)

**Relief Requested:** I would like to be seen by a different doctor and be taken to a specialist who knows about back injuries and nerve damage. I also need pain meds for my back pain!

☐ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Kent Stubbs M51378 6/7/17  
 Offender's Signature ID# Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable)	
Date Received: <u>6/8/17</u>	<input checked="" type="checkbox"/> Send directly to Grievance Officer
Response: <u>Per HCWA Cunningham, As documented in medical chart I/M Stubbs being seen and treated by licensed Illinois physician w/in community standards of care. Follow up appt. scheduled with MD to address additional medical concerns.</u>	
<u>A. McCaslin</u> Print Counselor's Name	<u>A. McCaslin</u> <u>7/18/17</u> Counselor's Signature Date of Response

EMERGENCY REVIEW	
Date Received: <u>1/1/17</u>	Is this determined to be of an emergency nature?
<input type="checkbox"/> Yes; expedite emergency grievance <input type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.	
_____ Chief Administrative Officer's Signature	_____ Date

Back Page Missing??

Need Original Copy

Date: June 1, 2017

To: (HCU) Head "Doctor"

I was prescribed pain meds by Dr. Shah after I fell off the top bunk bed and badly injured my back. - I was first given Ibuprofen and another medication that did not work or help with the pain. I was in pain for weeks before I was given a medicine that seem to help. But less than a week ago my pain meds expired after I met with you on the May 24, 2017, my meds expired on May 26, 2017. I do not know if it was your intention to not renew my pain meds, but when I met with you, you asked me how I was feeling, and I told you that I was still experiencing a lot of pain in my back, and it seem to be getting worse, not better. I also asked about physical therapy and my wheel chair needing to be renewed. You said you would schedule me for therapy and renew my wheel-chair permit. You also told me to be patient, it may take a while for the pain to go away and before I can completely stand. You did not mention anything about my pain meds expiring, you did not say anything about not

2 of 4

renewing my meds either. So I was very shocked to learn my pain meds had expired, especially with all the request slips I've been sending concerning my constant pain and discomfort that I'm experiencing. On May 30, 2017, (4) days after my meds expired, I submitted an Emergency Sick call slip because I was experiencing a serious attack of pain. And on May 31, 2017, around midnight, I was taken to medical because the pain had become unbearable. The nurse could only give me (200 m.) Ibuprofen, which did nothing to help, and I went back and layed in my cell in pain for the rest of the night. I Am Still In Pain! - Today, on June 1, 2017, the nurse came to see me concerning my Emergency medical request, just to tell me there was nothing she could do to help with my pain. She did not even offer me an Aspirin!! I do not understand this medical system that they have in place. I do not know why a nurse would come and see me when I'm experiencing this kind of pain, just to tell me she can't do anything to help??



3 of 4

I Also do not understand why its so hard to get the proper help I need when I'm dealing with this kind of pain. The nurse eluded to the possibility that you may have wanted to cancel my pain meds and instead want me to use only muscle Rub, and also Therapy. I've been using the muscle rub for over 2-months, and it has not stoped or even helped with the pain. And the nurse said Therapy won't start for 2-more weeks, so what do I do for the next 2 weeks about my pain? Do I just walk around and suffer in pain? And when I start Therapy, will that suddenly just make the pain go away? I Am not a doctor, but I do believe that if a person is in serious pain you do not just cut off their pain meds. That to me, seems to be a cruel and very inhumane thing to do to someone, and I seriously hope that was not your intention. From 1 to 10 (Ten being the worse) my pain is a '10' (Ten) and I would like to have my pain meds renewed, my condition is still severe. I would also like to be seen by

4 of 4

an outside specialist who specializes in back injuries. I believe I have a pinched nerve because my condition is not getting better, but only worse. I would also like to have my pain meds renewed,

Thank you.

Signed. Hent Stalls Dated. 6/1/17

Date: 6/13/17

my copy

To: "Cunningham" (HCU) medical

Housing: 7C-41

From: Kent Stubbs # MS1378

NEED: I have written (3) Emergency Grievances to you within the past couple weeks, along with a letter concerning the New Doctor 'Ahmed', who has canceled my pain medication leaving me to suffer in pain. I ~~received~~ Am receiving 'No' medication at all for my pain and I am constantly hurting. I can't even sleep at night because I lay in my bed agonizing in pain, tossing and turning. I went through similar problems with 'Dr. Shah' when I first injured my back, but 'Dr. Shah' at least gave me something to try and help with the pain. He provided 'musc. Rub, Ibuprofen', (which did absolutely nothing). and another medication that I can't remember the name, that also did nothing. Finally he prescribed 'Tramadol' I had never "Ever" taken Tramadol, and never heard of 'Tramadol' until Dr. Shah gave it to me. But the medication did help. Now this new Doctor who I have seen only once for 5-minutes has accused me of wanting Dope! - I don't know anything about medication, and I am not asking to be put back on 'Tramadol' (But) I am asking to be provided with a pain medication that works, because I am in severe pain.



The doctor canceling my pain medication has done nothing but caused a set back in the progress I was already making. I've been working by myself, struggling to get up out this chair, suffering in pain. None of the ~~meditation~~ medical staff here has done anything to assist me or tried to help me get up. I've been working on my own. Yet, I do not have ~~an~~ ADA Gym, I have not been provided a pusher, even though I have a back injury, and pushing myself a long distance is a risk to further injuring my back and can prolong my recovery and cause more harm. I have a constant stabbing pain in the right lower mid part of my back and pain in my lower back and the upper center part of my back. And my pain IS SEVERE!! - I would like to be sent to see a specialist to examine my back injury, because this is not normal, and I should not be left to just suffer in pain. I need to be provided the proper assistance and help that I need.

Signed: Jent Staller

Dated: 6/13/17



Offender Request

Offender Name: Kent Stubbs ID #: M51378 Living Unit: 8C-L1  
 Job Assignment: N/A Shift: N/A

Please refer to the directory located in your orientation manual and address proper personnel.

To: (HCU) medical "Doctor"

I request ☐ interview ☐ cell assignment ☐ visit ☐ Trust Fund ☐ purchase ☐ other (specify) Back Pain  
 for the purpose of (explain): one of the nurses told me I need to start trying to get up out of the chair a few weeks ago, so I've been trying to get up ~~and~~ and trying to force myself to stand -  
I can't still 5-28-17 (See Back)  
 Offender's Signature Date

DO NOT WRITE BELOW THIS LINE

Remarks by staff (if necessary):  
 Remarks by supervisor (if necessary):  
 Print Staff Name Print Supervisor Name  
 Staff Signature Date Supervisor Signature Date

Distribution: Affected Unit

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my copy

- Request Slip -

offender name: Kent Stubbs I.D#: M51378 unit: 8C-L1

To: (HCU) medical "Doctor"

Reason: Refill "Pain-meds"

Explain: my pain meds expired on 5/26/17, I've not had any medication to treat my pain within the past 24 hours, and my back has been hurting pretty bad. I've also been feeling pain in my 'Right-Leg' down the back part of my Thigh & calf -

STAFF Response:

5-28-17



even I have pain in my back. But After a few times of trying to force myself to stand, my back starts Throbbing really really Bad, and at night it becomes even more unbearable. — It seems like the pain is getting worse instead of better. I have a lot more movement than I had before, but I can't stand up straight or put a lot of pressure on my lower back because of the pain. — when I skip my pain meds, my pain is at a (10). But when I take my meds it's at an (8)/(7) And the pain is still pretty constant. There have been a few days that I hardly feel any pain until I try to get up <sup>(or stand)</sup> or start moving <sup>around</sup> a lot, then slowly the pain begins to creep back up. But like I said, most days the pain is just there, constantly —

area. And I've been getting an off and on pain in the "mid" ~~lower~~ "upper" center of my back, which ~~also~~ makes it hurt when I breathe in. The pain in my leg has woke me up out of my sleep a couple times in the past few days. This is the first time I've experienced these pains <sup>in my legs & the upper center of my back.</sup> — Please renew my pain meds, or schedule me to see the doctor as soon as possible. — Thank you —

offender signature:

Just Stolt

Date: 5-28-17



Signed: Leah Stubbins Date: 5/30/17



time my back is in constant pain. The doctor has stopped ~~all~~ my pain medication. so I have ~~nothing to help me cope~~ nothing to help me cope with the pain. THIS IS A VERY CRUEL and INHUMANE ACT by medical STAFF!!

JUST  
 (P) Because my pain-meds have expired, Does not mean That my pain has stopped. And now I'm experiencing excruciating pain in my lower back and a stabbing feeling in my right mid-lower Back. I need to see The Doctor or have my Pain meds renewed as soon as possible. This pain is worse then any I've experienced before. And its very diffi- cult to even get up and go To The chow hall or use The Bathroom.

—Thank you—

Name: Leet Stiel

Date: 5-30-17



Offender Request

Offender Name: Kent Stubbs ID #: M51378 Living Unit: 7C-L1  
Job Assignment: N/A Shift: N/A

Please refer to the directory located in your orientation manual and address proper personnel.

To: (PA) JAMES (Health Care)

I request ☐ interview ☐ cell assignment ☐ visit ☐ Trust Fund ☐ purchase ☐ other (specify) meds  
for the purpose of (explain): I Am having a hard time getting up in the morning to take my meds due to the pain I'm experiencing, so I've been refusing.  
Kent Stubbs 6/4/17 (See Back)  
Offender's Signature Date

DO NOT WRITE BELOW THIS LINE

Remarks by staff (if necessary): \_\_\_\_\_  
Remarks by supervisor (if necessary): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Print Staff Name Print Supervisor Name  
Staff Signature Date Supervisor Signature Date

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Distribution: Affected Unit

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ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Request

Offender Name: Kent Stubbs ID #: M51378 Living Unit: 7C-L1  
Job Assignment: N/A Shift: N/A

Please refer to the directory located in your orientation manual and address proper personnel.

To: (HCU) "Cunningham"

I request ☐ interview ☐ cell assignment ☐ visit ☐ Trust Fund ☐ purchase ☐ other (specify) Back Injury  
for the purpose of (explain): I hurt my back trying to lift my legal box in my cell. I do not receive any type of pain meds at all, even though I have back problems and I'm in  
Kent Stubbs 6/14/17  
Offender's Signature Date

DO NOT WRITE BELOW THIS LINE

Remarks by staff (if necessary): \_\_\_\_\_  
Remarks by supervisor (if necessary): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Print Staff Name Print Supervisor Name  
Staff Signature Date Supervisor Signature Date

Distribution: Affected Unit

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my meds. Cause it's easier than getting up. I was wondering if you wouldn't mind putting both my meds together in the evening med line. I know you had suggested this before, but I said I didn't like the idea of taking a lot of meds at once, but currently I am not receiving any pain meds, so I believe it would be much easier for me to take them in the evening while I'm already up and moving around.

THANK YOU!

Constant pain. And after ~~my~~ injury or pulling my back, I was in even greater pain and I pushed the Emergency call button and the officer on duty came to the cell and I explained what had happened and that I was in great pain & needed to go to medical. He asked me if I was already taking medication for pain? and I said "NO". — He called over to medical, and he told me he was told by the nurses that if I came over to medical, they would not provide me with anything but a permit for ~~an~~ "ice" ~~pack~~ and charge me (\$5.00). So I was not taken to medical at all. I just sat in my cell in pain and was not provided any medical attention at all. It seems medical staff has decided not to provide me any type of meaningful care for my pain. And I find THIS to be very cruel treatment!!

## Offender Request

Offender Name: Kent Stubbs ID #: MS1378 Living Unit: 7C-L1  
 Job Assignment: N/A Shift: N/A

Please refer to the directory located in your orientation manual and address proper personnel.

To: (HCU) medical Doctor

I request ☐ interview ☐ cell assignment ☐ visit ☐ Trust Fund ☐ purchase ☐ other (specify) Back Pain  
 for the purpose of (explain): I Am still experiencing lots of pain. -  
when I exercise or try to stand/straiten my back the pain  
is a "Ten" (10). when I lay flat and do leg lifts or try and  
Yent Stubbs 7/14/17  
 Offender's Signature Date

DO NOT WRITE BELOW THIS LINE

Remarks by staff (if necessary): \_\_\_\_\_ Remarks by supervisor (if necessary): \_\_\_\_\_

Print Staff Name

Print Supervisor Name

Staff Signature

Date

Supervisor Signature

Date

Distribution: Affected Unit

Printed on Recycled Paper

DOC 0286 (Rev. 4/2010)

## ILLINOIS DEPARTMENT OF CORRECTIONS

## Offender Request

Offender Name: Kent Stubbs ID #: MS1378 Living Unit: 7C-L1  
 Job Assignment: N/A Shift: N/A

Please refer to the directory located in your orientation manual and address proper personnel.

To: (HCU) medical

I request ☐ interview ☐ cell assignment ☐ visit ☐ Trust Fund ☐ purchase ☐ other (specify) Pain from  
 for the purpose of (explain): The last couple days I have had to push  
myself to medical, and I've had to push myself to  
Lunch. (I Do NOT have AN ADA pusher) And pushing myself  
Kent Stubbs 7/21/17  
 Offender's Signature Date

DO NOT WRITE BELOW THIS LINE

Remarks by staff (if necessary): \_\_\_\_\_ Remarks by supervisor (if necessary): \_\_\_\_\_

Print Staff Name

Print Supervisor Name

Staff Signature

Date

Supervisor Signature

Date

Distribution: Affected Unit

Printed on Recycled Paper

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Bend my knee and bring it to my chest, the pain I feel on the left side is about a seven, but the pain on the right side is a ten. And when I'm trying to stand and put pressure on my right leg, the pain in my back is still very painful. It feels like a nail is stabbing me in the back. I'm also still feeling pain in my lower back and the upper center part of my back. And as you know I'm still (not) receiving any type of medication for my pain. —

From Division (8) to the Chow Hall and to medical is causing my back to hurt more than the normal pain that I'm already experiencing in my back, and also in my left pinky finger. My left pinky finger has been swollen for over 30 months now since I first injured it in my fall off the top bunk, but doctors informed me that the swelling should go down, but so far it "has not." My left pinky is still considerably swollen and sore and hurts when I bend it and use it when I roll the wheel chair my pinky finger starts to ache. It pretty much hurts whenever I use my left hand because I often have to bend my fingers. —

Offender Request

Offender Name: Kent Stubbs ID #: M51378 Living Unit: 7C-L1  
Job Assignment: N/A Shift: N/A

Please refer to the directory located in your orientation manual and address proper personnel.

To: HCU medical - Doctor

I request ☐ interview ☐ cell assignment ☐ visit ☐ Trust Fund ☐ purchase ☐ other (specify) Back Pain  
for the purpose of (explain): Last night I could barely sleep. I woke up this morning with my back in extreme pain, caused by my repeated attempts to stand and my Therapy Exer -

Kent Stubbs

Offender's Signature

7/26/17

Date

DO NOT WRITE BELOW THIS LINE

Remarks by staff (if necessary): \_\_\_\_\_ Remarks by supervisor (if necessary): \_\_\_\_\_

Print Staff Name

Print Supervisor Name

Staff Signature

Date

Supervisor Signature

Date

Distribution: Affected Unit

Printed on Recycled Paper

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ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Request

Offender Name: KENT Stubbs ID #: \_\_\_\_\_ Living Unit: \_\_\_\_\_  
Job Assignment: \_\_\_\_\_ Shift: \_\_\_\_\_

Please refer to the directory located in your orientation manual and address proper personnel.

To: ? House mental Health Counselor

I request ☐ interview ☐ cell assignment ☐ visit ☐ Trust Fund ☐ purchase ☐ other (specify) \_\_\_\_\_  
for the purpose of (explain): I'm starting to get very Depressed again. The physical Therapy I've been taking for my back pain is not doing enough. I still can't get up out

Offender's Signature

7/28/17

Date

DO NOT WRITE BELOW THIS LINE

Remarks by staff (if necessary): \_\_\_\_\_ Remarks by supervisor (if necessary): \_\_\_\_\_

Print Staff Name

Print Supervisor Name

Staff Signature

Date

Supervisor Signature

Date

Distribution: Affected Unit

Printed on Recycled Paper

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Case 3:18-cv-00408-RJD Document 1-2 Filed 02/15/18 Page 61 of 68 Page ID #122  
cises (Leg lifts, trying to pull my knees to my chest.)  
my lower back always hurts when I try to stand,  
and the pain has not gotten any better. - Today,  
I could not roll myself to Health care or to Chow  
hall, because the pain in my back was too  
great. —

this wheel chair and walk, and it's getting very  
~~frustrating~~ frustrating. The pain in my back is not  
getting better. The therapy only helps relieve the  
pain for a little while, but it's not making things  
better. The pain is still there, it's becoming very  
difficult for me being in this wheel chair. I'm  
getting more and more depressed and I don't  
know what to do.



ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Request

Offender Name: Kent Stubbs ID #: M51378 Living Unit: 7C-L1  
 Job Assignment: N/A Shift: N/A

Please refer to the directory located in your orientation manual and address proper personnel.

To: Mrs. Weaver (Placement)

I request ☐ interview ☐ cell assignment ☐ visit ☐ Trust Fund ☐ purchase ☐ other (specify) need an ADA - Attendant  
 for the purpose of (explain): I am currently in a wheel chair and have been for nearly five months now. I am dealing with severe back pain after fall off the top bunk on to my back. I have made several

Kent Stubbs  
 Offender's Signature

8/24/17  
 Date

DO NOT WRITE BELOW THIS LINE

Remarks by staff (if necessary):

Remarks by supervisor (if necessary):

Print Staff Name

Print Supervisor Name

Staff Signature

Date

Supervisor Signature

Date

Distribution: Affected Unit

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ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Request

Offender Name: Kent Stubbs ID #: M51378 Living Unit: 7C-L1  
 Job Assignment: N/A Shift: N/A

Please refer to the directory located in your orientation manual and address proper personnel.

To: Medical Supervisor (Mrs Cunningham)

I request ☐ interview ☐ cell assignment ☐ visit ☐ Trust Fund ☐ purchase ☐ other (specify) Back Pain  
 for the purpose of (explain): I was placed on Naproxen for pain a few weeks ago, but the Naproxen is not helping. I have made similar complaints in the past that were ignored, and I

Kent Stubbs  
 Offender's Signature

9/22/17  
 Date

DO NOT WRITE BELOW THIS LINE

Remarks by staff (if necessary):

Remarks by supervisor (if necessary):

Print Staff Name

Print Supervisor Name

Staff Signature

Date

Supervisor Signature

Date

Distribution: Affected Unit

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Verbal and written complaints to the Board, the Cunningham, and the Doctor, expressing my need for an ADA Assistant. I am not able to clean the floor of my cell thoroughly on my own, and when I have to roll myself to chow hall or medical, my back pain is increased and it becomes painful to roll myself. I often deal with Throbbing stabbing back pain which is consistent, even when I'm just sitting still, so being forced to push myself only makes my situation even more miserable and unbearable. Please, if there is anything you can do to help. Sometimes if I don't have anyone to push me to chow, I have to avoid going because I know I'm gonna be in pain from pushing myself. —

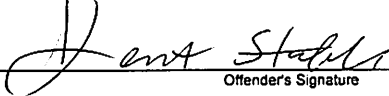
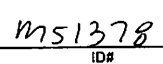
— Thank you for your help —

I am making an attempt to once again address the issue. I don't know much about medication, but I was given Naproxen once before and it did not help, and it does not seem to be helping now. I would like to be put on a different type of pain medication, or be sent to see a neurologist who understands severe back pain. — Thank you —

ILLINOIS DEPARTMENT OF CORRECTIONS  
RESPONSE TO OFFENDER'S GRIEVANCE

Grievance Officer's Report		
Date Received: 8-3-17	Date of Review: 9-21-17	Grievance # (optional): 08-17-16
Offender: STUBBS, KENT		ID#: M51378
Nature of Grievance: MEDICAL TREATMENT		
<p><b>Facts Reviewed:</b></p> <p>Inmate Stubbs M51378 claims he is not receiving adequate treatment from Lawrence C.C. Medical unit. He claims he was denied proper medication and treatment by the M.D.</p> <p>Relief requested: "I would like To Be seen By a Different Doctor and be taken to a Specialist who knows about Back injuries and nerve damage( I Also need pain meds for my Back pain!)"</p> <p>Per the 7-14-17 written response from HCUA Cunningham: As documented in medical chart, Inmate Stubbs being seen and treated by licensed Illinois Physicians within community standards of care. Follow up appointment scheduled with MD to address additional medical concerns.</p> <p>Per a review of O360 Call Pass Associated view screen, Inmate Stubbs has been scheduled to be seen by the M.D. on the following dates: 7/19/17, 7/20/17, twice on 7/24/17-once by Dr. Ahmed &amp; once by Dr. Shah and 8/29/17. He has been scheduled to be seen on NSC on the following dates: 7/18/17, 7/27/17, 7/30/17 and 8/23/17. He has been scheduled for Physical Therapy on the following dates: 7/18/17, 7/20/17, 7/24/17, 7/26/17, 8/7/17, 8/11/17 and 8/18/17.</p> <p>This Grievance Officer recommends that Inmate Stubbs M51378 is being treated within Community Standards of Care. If he wishes to address the issue again he should follow established procedures regarding requesting Health Care. He should continue to utilize NSC process for Healthcare concerns.</p>		
<p><b>Recommendation:</b></p> <p>Based upon a total review of all available information, this Grievance Officer recommends that the grievance be denied. Inmate Stubbs M51378 is being treated within the Community Standards of care. Inmate Stubbs M51378 should submit written request to Health Care Unit for his medical concerns.</p>		
JEFFREY STRUBHART CC II		
Print Grievance Officer's Name		Grievance Officer's Signature
(Attach a copy of Offender's Grievance, including counselor's response if applicable)		

Chief Administrative Officer's Response	
Date Received: 9-25-17	<input checked="" type="checkbox"/> I concur <input type="checkbox"/> I do not concur <input type="checkbox"/> Remand
Comments:	
	
Chief Administrative Officer's Signature	Date: 9/25/17

Offender's Appeal to the Director	
<p>I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must be submitted within 30 days after the date of the Chief Administrative Officer's decision to the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response, if applicable, and any pertinent documents.)</p>	
	
Offender's Signature	ID# M51378
	Date: 9/27/17



To: Director

## Argument for Appeal

The Administrations response to my grievence fails to clearly and directly address any of the issues raised.

- The Grievence was written against Dr. Ahmed, to address the poor medical treatment I recieved, and the deliberate pain and suffering I was caused by Dr. Ahmed's refusal to provide me with any meaningful treatment of care.
- Dr Ahmed failed to address my chronic back pain, which was caused in an accident after falling backwards off the top Bunk Bed several feet onto the concrete floor, injuring my head, hand, and back. Since my accident, I have been in a wheel-chair suffering with chronic back pain.
- I have written over (two Dozen) request slips and letters, repeatedly asking to be assigned an "ADA" - Attendent to help push me on call passes, and 'to and from' Chow hall, to alleviate the pressure and pain on my back when I'm forced to push myself. I've also made multiple Request asking to see a Specialist who knows about ~~back~~ back injuries and nerve damage,

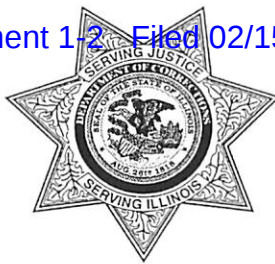


because my back has not been getting any better. I've also made dozens of request for medication to treat my chronic back pain. But for months, all my request went ignored. Nurses would tell me there was nothing they could do, That the doctor was made aware of my condition, but they were not authorized to provide me any kind of medication. I was even denied Emergency medical Attention. (See the Attached Request slips and letters)... Repeatedly I have gone to see the doctor and he has ignored my complaints. He has repeatedly told me over and over that I'm a young man and I don't need medication for my pain, or need to see a Specialist, or a pusher to push me. He said, and I quote: "you are a young man, you should just get up and walk, and live with the pain." (End quote)... Then he would make me leave his office, despite what type of pain I was in, he refused to hear anything I had to say. For months he ignored my request slips and grievances and just let me suffer needlessly, and 'HCUA-Cunningham' was also made aware of these issues and failed to properly address any of these matters. And now, once again, in this grievance process, the medical staff and the administration is choosing to ignore the issues



and not to properly address my grievance's, or  
show cause or explain why it is this type of  
neglect was allowed to happen.





## The Illinois Department of Corrections

1301 Concordia Court. P.O. Box 19277 • Springfield, IL 62794-9277 • (217) 558-2200 TDD: (800) 526-0844

Offender: Stubbs, Kent

10/31/17

ID# : M51378

Date

Facility: Lawrence CC

This is in response to your grievance received on 10/6/17. This office has determined the issue will be addressed without a formal hearing. A review of the Grievance, Grievance Officer/CAO response to the grievance has been conducted. For a grievance that is direct review by the ARB, a review of the Grievance has been conducted.

Your issue regarding: Grievance dated: 6/7/17 Grievance Number: 08-17-16 Griev Loc: Lawrence CC

- ☐ Transfer denied by the Facility
- ☐ Dietary
- ☐ Personal Property
- ☐ Mailroom/Publications
- ☐ Assignment (job, cell)
- ☐ Commissary / Trust Fund
- ☐ Conditions (cell conditions, cleaning supplies, etc.)
- ☐ Disciplinary Report: Dated: Incident #
- ☒ Other Medical: Dr. Ahmed discontinued his pain medication

Based on a review of all available information, this office has determined your grievance to be:

- ☐ Affirmed, Warden is advised to provide a written response of corrective action to this office by
- ☐ Denied, in accordance with DR504F, this is an administrative decision.
- ☒ Denied, this office finds the issue was appropriately addressed by the facility Administration.
- ☐ Denied as the facility is following the procedures outlined in DR525.
- ☐ Denied as procedures were followed in accordance with DR 420 for removal/denial of an offender from/for an assignment.
- ☐ Denied as this office finds no violation of the offender's due process in accordance with DR504.80 and DR504.30. This office is reasonably satisfied the offender committed the offense cited in the report.
- ☒ Other: This office contacted Lawrence CC for review of the medical file. Offender Stubbs has been seen several times for his complaint of

back pain. He was prescribed Naprosyn until 10/29/17. Offender has a medical permit for wheelchair, ADA gym, ADA Pusher, Low bunk/gallery. Any current medical concerns should be addressed with healthcare staff via sick call.

FOR THE BOARD:

Sarah Johnson  
Sarah Johnson  
Administrative Review Board

CONCURRED:

John R. Baldwin  
John R. Baldwin  
Acting Director

CC: Warden, Lawrence Correctional Center  
K. Stubbs, ID# M51378

Mission: To serve justice in Illinois and increase public safety by promoting positive change in offender behavior, operating successful reentry programs, and reducing victimization.